STATE OF MONTANA

Office of the Legislative Fiscal Analyst

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November 7, 1991

TO: Legislative Finance Committee

FROM: Sandy Whitney *SW*
Senior Analyst

RE: DFS Continuum of Services Plan

Attached is a Continuum of Services Plan provided by the Department of Family Services (DFS) in accordance with language approved in House Bill 2. That language states:

> The continuum of service plan is to be presented to the Legislative Finance Committee during calendar 1991 for its review and comment. After review by the committee and consideration of recommendations and upon implementation of the plan, all funds are to be spent in accordance with the plan. The goal of the plan is to develop a comprehensive child welfare service system by July 1, 1993. The system must include but not be limited to family-based services, foster care, therapeutic foster care, group care, residential treatment, and psychiatric hospitalization for youth. Funds appropriated for the youth foster care program may not be transferred to the medicaid program administered by the department.

Through contracts with providers, foster care provides a continuum of protective services and treatment for youth. The total foster care funds for fiscal 1992, as appropriated and as budgeted after the executive budget cuts and targeted reversions, are:

	Appropriation	After Executive Cuts
Current Level	$11,285,802	$11,285,802
In-patient Psych.	2,499,914	2,032,529
Residential Psych.	1,732,492	1,132,573
Native American	992,800	992,800
Provider Rate Inc.	507,861	507,861
MDC Phase IV	150,000	150,000
Total	$17,168,869	$16,101,565

The DFS report deals primarily with the allocation of the funds for residential psychiatric care.

SW3A:mb:DFS11-6.mem

CONTINUUM OF SERVICES PLAN

Presented to the

Legislative Finance Committee

in response to HB 02

The Department of Family Services

November, 1991

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1. THE DEVELOPMENT OF THE CONTINUUM AND HB 0002:

In its general appropriations bill, the 1991 Legislature gave DFS the responsibility to develop a "continuum of service plan." This plan is presented in response to the directive found on page B-19 of HB 2, which reads:

> "The continuum of services plan is to be presented to the legislative finance committee during calendar year 1991 for its review and comment. After review by the committee and consideration of recommendations and upon implementation of the plan, all funds are to be spent in accordance with the plan. The goal of the plan is to develop a comprehensive child welfare service system by July 1, 1993. The system must include but not be limited to family-based services, foster care, therapeutic foster care, group care, residential treatment, and psychiatric hospitalization for youth. Funds appropriated for the youth foster care program may not be transferred to the medicaid program administered by the department."

Funding for development of the continuum was provided through the transfer of funds appropriated to the Department of Social and Rehabilitation Services for residential treatment services to the Department of Family Services.

2. DEFINITIONS:

Case Management involves brokering services for individual youngsters, advocacy on their behalf, insuring that an adequate treatment plan is developed and implemented, reviewing client progress, and coordinating services. Case management involves outreach to the child's family, and working with family members and other agencies to ensure that needed resources, services and supports are in place. Case management may be provided to youngsters in their own homes or in out-of-home care.

Continuum of Services means the assistance provided by private or public agencies or organization to individuals and families. Services include, but are not limited to: education, mental health, health, corrections and social services. Services may be provided in the home, community or care facilities. The facilities vary from open, non-restrictive homes to closed, secure hospitals and institutions. Such facilities include, but are not limited to family homes, foster homes, group homes, child care agencies, residential treatment facilities, youth correctional institutions, and psychiatric hospitals. (For a list of facilities and programs in Montana, see Attachment B.)

Cross-System Service Delivery means those programs and services that require the involvement of more than one state-level agency. This approach is used to serve youth who are particularly hard to serve and whose needs cannot be met by any one agency, and may involve the development of a statewide or local service component.

Dually Diagnosed children are both developmentally disabled and emotionally disturbed, and are therefore often difficult to serve.

Family-Based Services are provided to prevent the imminent removal of a child from the home. Trained therapists provide intensive services in the home, usually for a period of between four and six weeks. The goal of family based services is to strengthen the family, and to thereby reduce the use of out-of-home placements.

Therapeutic Foster Care aims to provide the "best of both worlds" -- the nurturing environment of a family home and the specialized treatment interventions of a therapeutic environment. Placements are specifically designed to meet the needs of children whose problems are too severe for normal foster care, but who can still benefit from treatment in a family setting.

Wrap-around services, a relatively new concept in service delivery, means those services that can be provided in a local community to prevent a child from having to be placed elsewhere to obtain similar services. Such services require considerable interagency planning: one case may involve several agencies, the school, family, foster home and several service providers.

3. FUNDING:

In an effort to contain the rising cost of inpatient hospital care and to expand the services available at other levels in the continuum of services, the 1991 Legislature elected to transfer $3,535,010 for the biennium in state general fund match for Medicaid's Residential Treatment Program from SRS to DFS. With the transfer of these funds, came the charge to develop the continuum of services.

Residential Treatment Funding:	**FY 92**	**FY 93**
Total Transfer	1,770,656	1,764,354
Medicaid Position	[38,164]	[38,084]
Balance for 8% reversion	[599,919]	
Total available for client services	1,132,573	1,726,270
Foster Care Base for RTC Services	650,000	650,000
Continuum staff - 2 FTE	52,573	59,415
- 3 FTE		90,122
Continuum Development	425,000	916,733
Staff Training	5,000	10,000

4. INTERNAL REORGANIZATION:

Prior to department reorganization in January 1991, insufficient state-level attention was focused on youth corrections and program development. While these responsibilities were assigned to the regions and institutions, the direct provision of services left little time to conduct needs assessments, meet with local youth services advisory councils, identify gaps in services, seek and obtain funding, monitor current providers, and all the other functions necessary to develop programs.

- **Community Services Division (CSD)**: In January 1991, responsibility for developing and monitoring the continuum of services was assigned to a new Community Services Division. The Governor's Budget Office approved five FTEs for continuum development. One position will be located in each of the DFS regions: however, because of budget cuts, only two of those positions will be filled in FY 92. The Continuum of Care Specialists will develop new programs; monitor existing residential service providers; coordinate federal, state, local and private resources; and provide technical assistance and training to agency field staff and council members.

  The division has determined Montana's resource development priorities through a review of advisory council objectives, and input from provider groups, legislators, consumers, and the DFS management team.

- **Juvenile Corrections Division (JCD)**: In January 1991, a new Juvenile Corrections Division was created to address critical corrections issues, including reducing the population at Pine Hills and Mountain View Schools and the development of community-based, corrections alternatives.

  The two new divisions will work closely together on developing alternatives to placements in the correctional facilities.

5. PROGRESS TO DATE: DEVELOPMENT OF THE CONTINUUM IN FY 91-92

Funding for continuum development during FY 92 includes $425,000 from the residential treatment general fund transfer, approximately $15,000 from the Southwestern Region's foster care budget for start-up for the Bozeman therapeutic foster care program, and DFS operating budget expenditures for program development staff and department reorganization. The SRS transfer funds include:

Continuum of Services Development	FY 92
Family-based services: three urban programs	$100,000
Wrap-around services	125,000
Therapeutic foster care: start-up for 2 programs	40,000
Matching funds for AWARE group homes	120,000
Case Management for Seriously Mentally Ill:	40,000
Total	$425,000

Family-Based Services (FBS):

Local councils in every region of the state have identified family-based services as a high priority. Since September 1990, the department has funded two family-based services programs in eastern Montana, which are operated by Hi-Line Homes in the Sidney-Glendive area and the Developmental Educational Assistance Program (DEAP) in the Miles City area.

- **FY 92 Request for Proposals (RFP):** In October 1991, an RFP was issued for family-based services in western, north central, south central and southwestern Montana. Three community programs will begin in January 1992 and a fourth will begin on July 1, 1992.

- **Technical assistance and training:** Training for DFS staff was provided at the University of Montana in May through the National Center on Family-Based Services.

- **Wrap-Around Services:** The department has initiated a policy of using "wrap-around services" whenever possible. By definition, children who are seriously emotionally disturbed move in and out of services on frequent basis, as their needs change. For services to be tailored to their needs, the case manager must have access to flexible funding to respond in a timely manner. Additional flexible funding has been allocated to regional budgets to provide wraparound services in the child's home, and thereby prevent out-of-home placement.

Therapeutic Foster Care:

With the addition of the two programs the department is currently initiating, therapeutic foster care will be available statewide, thus filling one identified gap in the continuum.

- **FY 91 Program Expansion:** In May 1991, Youth Dynamics of Billings opened an eight-bed satellite therapeutic foster care program in Bozeman, funded by the Southwestern Region's foster care budget.

- **FY 92 Request for Proposals (RFP):** In October 1991, an RFP was issued for therapeutic foster care in Butte and Northwestern Montana. The two new programs are slated to begin operation in January 1992.

Dually Diagnosed Youth:

Three years ago, in its ongoing analysis of the type of youth who were creating the most programmatic and fiscal problems for the department, DFS identified the youth who is both developmentally disabled and emotionally disturbed as the greatest challenge.

- **New group homes:** In response to a department RFP, AWARE, Inc. is developing three four-bed group homes that have been designed and constructed to serve 12 dually diagnosed youth.

- **Special Needs Alternative Plans (SNAP Plans):** As part of the Governor's plan to downsize the Montana Developmental Center at Boulder, the 1991 Legislature approved the designation of 10 additional Medicaid waiver slots for dual-diagnosed youth in DFS custody. Services for these youth require the coordinated efforts of the SRS DD Division, the SRS Medicaid Services Division, and DFS. State DFS and SRS staff are currently planning and screening referrals for these slots.

The department is attempting to serve the few dually diagnosed children who cannot be served in group home situations through "wrap-around" services.

Seriously Mentally Ill Children:

One of the department's highest priorities is the development of an in-state resource to meet the long-term care needs of seriously mentally ill children.

- **Case Management Services:** The department is coordinating efforts with SRS, the CASSP project, and the Mental Health Division of DCHS to implement case management services for seriously emotionally handicapped and mentally ill youth. The Missoula county commissioners and the Western Montana Community Mental Health Center have designated funds to contribute to the case management effort, which is scheduled to begin in early 1992.

  The state has already implemented case management services for three other target populations: the developmentally disabled, mentally ill adults, and pregnant women. A similar process will be used to determine the best procedures for implementation of the case management option for youth.

Juvenile Offenders:

Youth who have been adjudicated delinquent are committed to the department by Montana's 20 Youth Courts. Particular attention must be paid to those youth who are found to be seriously mentally ill and those who have committed serious juvenile sex offenses. Montana's youth correctional facilities do not have the professionals on staff to adequately respond to the needs of these two categories of delinquent youth. While the crimes committed justify the adjudication of "delinquent", the youths have psychological problems that must be dealt with.

The department is currently meeting with potential providers, community leaders, placing agencies and others to develop additional resources for delinquent youth. Immediate assessment and more community-based options should allow youth to receive services more closely related to their needs, and assure that only those youth appropriate for corrections programs are committed to the correctional facilities.

6. PLAN FOR DEVELOPMENT OF THE CONTINUUM IN FY 93

Continuum of Services Development	FY 93
Family-based services: four urban programs	$240,000
four rural programs	240,000
provider training	10,000
Wrap-around services	250,000
Seriously Mentally Ill: start-up for group home	40,000
Case Management for Seriously Mentally Ill	40,000
Cross-system service delivery	96,733
Total	916,733

Family-Based Services:

A major effort to be continued through FY 93 is the expansion of family-based services.

- **Geographic Coverage:** The three urban projects implemented in FY 92 will receive ongoing funding in FY 93. One additional urban program and four new rural programs will be implemented in FY 93 to make family-based services more accessible throughout Montana. The model used in urban communities might have to be "adapted" for smaller and more remote towns. The department has been researching models for the past two years, particularly the models in Washington, Oregon, Florida and Iowa.

- **Provider Training**: Family-based services is a new concept in service delivery for Montana. The programs funded by DFS are adopted from the Homebuilders program in Tacoma, Washington. The department is working with Homebuilders to provide training for all FBS provider staff.

- **Program Evaluation & Ongoing Funding:** For family-based services to continue, the department will need to implement an evaluation component and pursue possible funding sources over the next two to three years. During the initial start-up phase, projects will be funded on a contract-for-services basis.

- **Wrap-Around Services:** The department will allocate additional funds to regional budgets to prevent out-of-home placements.

Seriously Mentally Ill Children:

- **Request for Proposals for FY 93:** An RFP will be developed for a four-bed facility to serve seriously mentally ill youth. This state-level initiative is an attempt to return some youth from out-of-state placement and to prevent others from having to go out of state for services. The RFP being developed will be based on the successful model used in the treatment and care of dually diagnosed youth in Montana.

- **Case Management:** The multi-agency effort begun in Missoula County in FY 92 will be continued and expanded to other counties in FY 93.

Cross-System Planning and Service Delivery:

Another priority for FY 93 involves the development of interagency staffing groups and treatment plans for each child who requires services from more than one agency, and who otherwise meets criteria established for such a multi-agency effort. SB 205, passed by the 1991 Legislature, provided a mechanism for establishing local and state interagency staffing groups. Work is continuing to identify the best method for implementing such groups and to seek ways to provide pooled funds from several agencies to provide the flexibility that is needed to serve hard-to-place youth.

As a result of the "hands on" experience of the local staffing groups and the ongoing interagency planning meetings at the state level, it is anticipated there will be more written agreements among agencies for coordination and funding of services throughout the referral, diagnosis, and treatment of the child. Criteria for defining the target population and mechanisms for prioritizing cases will be developed.

Appendix A: BACKGROUND TO CRITICAL ISSUES

Enhancement of Children's Services:

The department is examining ways to expand and improve children's services in Montana by "refinancing" certain services. The Governor's Office and legislature will be asked to approve the use of captured funds to expand and improve upon the continuum of care and youth services in Montana. This is a multi-agency effort involving all of the state human services agencies. "Refinancing" options currently being pursued are the identification of:

- services and costs that are currently being paid through state general funds that could be included in the rehabilitation, EPSDT, and personal care options in the statewide Medicaid plan for non-clinic based services;

- services and costs that are currently being paid through state general funds that could be included in Title IVA emergency services option;

- services and costs that are currently being paid through county funds that could be included in Medicaid or other federal funding options, especially in county health departments, schools, and mental health centers, and

- methods to be used to recover more Title IVE federal foster care funds to replace the use of state general funds.

Medicaid funding for Inpatient Psychiatric Services to Individuals Under Age 21:

Medicaid funding is currently available for any child who is in a free-standing child psychiatric hospital based upon the child's income, not that of his parents. Treatment of the vast majority of children in these facilities is paid by Medicaid. At this time, 85 to 90 percent of "youth care days" are Medicaid-paid. Of the children whose care is paid by Medicaid, less than 20 percent have any public agency involvement. Therefore, most youth in treatment under this program are private family placements.

These factors have a serious impact on efforts to develop less expensive and less restrictive community-based alternatives. DFS foster care funds, which are restricted to paying for services for youth placed by DFS or the youth court, are virtually the only resource available to pay for lower levels of care. For the over 85 percent of youth placed in psychiatric hospitals by private families, this means that there is no public funding available to cover the cost of community-based alternatives.

For example, for the family of an emotionally disturbed child whose needs cannot be met by out-patient treatment, the only available resource is a Medicaid-paid admission to an inpatient hospital at $350 a day or more. Many of these children and their families might be better served in the community through a combination of a short-term residential facility and intensive in-home family therapy. Even where both these publicly-funded services were available in a community, families with no prior involvement with either the youth court or DFS would not be eligible to use them. The dilemma, then, is how to make use of available funding to develop community-based alternatives to in-patient psychiatric hospitals that are accessible by families who have had no prior public agency involvement.

Medicaid Rule Change:

Because of the increased use of in-patient hospitalization for youth and the lack of funding to develop community-based alternatives, if the State is going to make funding available for lower levels of care to serve these youth, cost-containment measures must be implemented. As explained above, eligibility for Medicaid payments in inpatient psychiatric hospitals is based only on a child's income, and not that of the parents. The department has requested that SRS adopt a Medicaid rule change which would limit the children and youth who could be paid for by Medicaid to those whose families are eligible for Medicaid based on the family's income.

This rule change will result in fewer Medicaid dollars being spent for in-patient services, thus freeing up funding to be used for developing lower and, in many cases, more appropriate levels of service.

Funding and Responsibility for Services to Mentally Ill and Seriously Emotionally Handicapped Youth:

In the 1980s, a number of events significantly changed the services available to mentally ill and seriously emotionally handicapped youth. In 1987, the state-operated Montana Youth Treatment Center at Billings was sold to Rivendell of America, a private corporation. The next year, the Montana Medicaid State Plan was amended and administrative rules were adopted to allow children and youth to be served in such facilities based on their own income and resources, and Medicaid would pay. In-patient services were thus made available to children and youth who had not been adjudicated. Over 80 percent of the children in inpatient psychiatric hospitals in Montana today are not adjudicated and have no involvement with any public agency.

Since the closing of the state-operated program, no state agency has been designated as responsible for serving emotionally handicapped or mentally ill youth who are not adjudicated as a youth in need of care, youth in need of supervision, or delinquent youth. For mentally ill or emotionally handicapped children, a group for whom there is no designated public responsibility in statute, the service time, effort and cost have increased dramatically since the early 80s. In addition to residential services, these children and youth have contributed to increased service needs in day treatment and partial hospitalization programs, expanded special education, in-home services, therapeutic foster care and group homes, out-of-state placements, and "wraparound" services.

The Foster Care Budget:

Ten years ago, the foster care budget was used almost exclusively for the placement into family foster care homes of dependent, neglected or abused children. The budget at that time relied heavily on federal matching funds. Today, the foster care budget is used for a wider variety of placements that include the adjudicated "delinquent youth," "youth in need of supervision," and "youth in need of care," plus youth who suffer from mental illness or are emotionally handicapped. Although DFS makes every effort to capture federal funding, the percent of state funds in the foster care budget has increased with less reliance on federal match.

The public policy approach to funding for out-of-home care has also changed dramatically. In response to revenue shortfalls and a general change in policy direction, the past two administrations have expected DFS to "live within its budget." This has led to implementation of a "one-in, one-out" policy for residential placement, waiting lists for services, and other budgetary constraints that have increased the pressures on social workers, probation officers, providers, and clients.

Relationship with the Youth Court and Probation:

Youth court probation offices do not have funding of their own for placing youth outside their own homes. The probation officer petitions the court for placement, and the judge then issues an order giving DFS temporary custody of the youth and the responsibility for placement and payment. The funding for both youth court probation and DFS placements comes from the DFS foster care budget.

In recent years, the department has seen a steady increase in the proportion of youth in out-of-home care placed by youth court probation officers, to the extent that now over 50 percent of the youth in residential treatment facilities are youth probation placements.

The average daily population at Pine Hills and Mountain View Schools has also been escalating, placing increased pressure on the staff and on community Aftercare resources. The number of youth who are sent to these institutions, but for whom there is no appropriate program at the institution, has increased correspondingly.

Ongoing Planning:

- State and local youth services advisory councils: In 1989-90, the councils conducted an extensive planning process which led to the adoption of the DFS state youth services plan. That document, combined with the department's response to requests made in HB 100 in the 1989 session, continues to direct much of the department's efforts.

- Public/Private Advisory Task Force: To address some of the issues and concerns around the continuum of out-of-home care, the DFS director has appointed a task force, which includes representatives from private providers, DFS and probation. The task force is addressing residential care standards and policies.

- State Child Care Council: The department is advised on day care issues by the Governor's Child Care Council, which is responsible for developing the State Day Care Plan and is addressing the department's role in the JOBS program, day care licensing and registration, funding, organization and other issues.

- DFS also has responsibility to develop annual plans for obtaining federal funds. Such plans include: the Title IVB Plan, the Title IVE Independent Living Plan, the Basis State Grant for Child Abuse and Neglect, the Children's Justice Act Grant, the State Child Care Block Grant, the Domestic Violence Act Grant and others. There is an ongoing effort in the department to coordinate all of the state and local planning efforts into a comprehensive approach to addressing the issues.

DEPARTMENT OF FAMILY SERVICES
LICENSED YOUTH GROUP HOMES AND CHILD CARE AGENCIES
IN MONTANA

Attention Homes and Receiving Homes (45 days or less):

Receiving homes and attention homes are both short-term facilities. Receiving homes usually care for children under 12, while attention homes care for youth 12 or older.

Name	Location	No.	Ages
Shelter Care Facility	Bozeman	10	0-18
Discovery House	Anaconda	8	10-18
Children's Receiving Home	Great Falls	12	0-18
Ewing Place	Helena	10	10-18
Runaway Attention Home	Great Falls	8	12-18
Attention Home	Missoula	12	12-18
Watson's Receiving Home	Missoula	12	0-12
White Buffalo Receiving Home	Browning	12	2-18
Yellowstone Co. Youth Srvcs	Billings	15	12-17

TOTAL: FACILITIES = 9 BEDS = 109 (36 Receiving/73 Attention)

Youth Group Homes (6 to 9 months):

Group homes care for 7 through 12 youth.

Name	Location	No.	Ages
Aftercare Transition Home	Billings	7m	14-18
Alpine Meadow Ranch	Hamilton	8	14-18
Bear Paw Youth Home	Havre	7	13-18
Elkhorn Mountain Youth Ranch	Jefferson City	8m	12-18
Flathead Co. Youth Guidance	Kalispell	8	13-18
Gallatin-Park Youth Guidance	Bozeman	8m	12-18
Grand Avenue Home	Bigfork	7f	
Last Chance Youth Home	Helena	8	15-18
Lake Co. Youth Guidance	Ronan	8	
Lincoln Co/Champion Yth Home	Libby	8	13-18
Missouri River Youth Services	Great Falls	8	12-18
9th Jud. Dist. Youth Guidance	Shelby	7	12-18
N. Mont. Youth Ranch Ind.Liv.	Whitewater	4m	16-18
N. Mont. Youth Ranch	Whitewater	8m	12-18
Open Gate Ranch	Trout Creek	12	
Opportunity House	Great Falls	8f	13-18
Riverview Homes	Wolf Point	8	6-14
Roy Group Home	Missoula	8	13-18
Swecker Group Home	Laurel	7m	13-17

TOTAL: FACILITIES = 19 BEDS = 147

Intermediate Level Facilities (9 months to 18 months):

Name	Location	No.	Ages
Concept 640 - AWARE	Butte	4	12-18
AWARE II	Butte	4	12-18
AWARE III	Butte	4	12-18
Achievement Place	Helena	8	12-18
Horizon Home	Billings	10f	12-18
Susan Talbot Yth Care Cen I	Missoula	8	12-18
Susan Talbot Yth Care Cen II	Missoula	8	12-18
Dennis Wear Community Home	Billings	9f	12-18
King Community Home	Billings	9m	12-19
REM Colton	Billings	4	12-18

TOTAL: FACILITIES = 10 BEDS = 68

Child Care Agencies (9 months to 18 months or longer):

Child care agencies care for 13 or more youth.

Name	Location	No.	Ages
Residential Treatment Center:			
Intermountain Homes	Helena	24	4-18
Regular:			
Mission Mountain School	Condon	16	12-18
St. Labre (Native American)	Ashland	34	6-18

TOTAL: FACILITIES = 3 BEDS = 74 (34 for Native American Youth)

Maternity Home:

Florence Crittenton	Helena	17f/8infants

TOTAL: FACILITIES = 1 BEDS = 17f & 8 infants

Youth Detention Facility:

Yellowstone Co. Youth Services	Billings	4	12-18

TOTAL: FACILITIES = 1 BEDS = 4

TOTAL GROUP CARE FACILITIES FOR YOUTH = 44 BEDS = 516

Therapeutic Foster Care Programs

Name	Location	No.	Ages
East Mont Mental Health Center	Glasgow	10	2-17
Gold Triangle Ment Hlth Center	N.Central Mt	25	3-18
Missoula Youth Homes	Missoula		
Youth Dynamics, Inc.	S.Central & Eastern Mt		
Intermountain Homes	Helena		

TOTAL THERAPEUTIC FOSTER CARE PROGRAMS = 5

DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES
LICENSED YOUTH FACILITIES
IN MONTANA

Residential Treatment Facility:

Name	Location	No.	Ages
Yellowstone Treatment Center	Billings	97	6-18

TOTAL RESIDENTIAL TREATMENT FACILITIES = 1 BEDS = 97

Inpatient Psychiatric Hospitals for Individuals Under Age 21:

Name	Location	No.
Rivendell of Billings	Billings	48
Rivendell of Butte	Butte	48
Shodair Hospital	Helena	20

TOTAL CHILD PSYCHIATRIC HOSPITALS = 3 BEDS = 116

Acute Care Hospital with designated Children's Psychiatric Unit:

Name	Location	No.
Deaconess Hospital	Billings	20

TOTAL HOSPITALS WITH CHILD PSYCHIATRIC UNIT = 1 BEDS = 20

General Hospitals with Psychiatric Beds for Youth:

Name	Location
Glacier View	Kalispell
St. James	Butte
St. Patrick's	Missoula
Holary Rosary	Miles City
St. Peter's	Helena

TOTAL GENERAL HOSPITALS WITH PSYCH BEDS FOR YOUTH = 5